



US009107577B2

(12) **United States Patent**  
**Vilasi et al.**

(10) **Patent No.:** **US 9,107,577 B2**  
(45) **Date of Patent:** **Aug. 18, 2015**

(54) **EXPANDABLE INTER VIVOS TUBE AND  
METHOD OF MANUFACTURING SAME**

(71) Applicants: **Joseph A. Vilasi**, Lakewood Ranch, FL  
(US); **Joseph D'Ambrosio**, Ridgefield,  
CT (US)

(72) Inventors: **Joseph A. Vilasi**, Lakewood Ranch, FL  
(US); **Joseph D'Ambrosio**, Ridgefield,  
CT (US)

(\*) Notice: Subject to any disclaimer, the term of this  
patent is extended or adjusted under 35  
U.S.C. 154(b) by 0 days.

(21) Appl. No.: **14/446,457**

(22) Filed: **Jul. 30, 2014**

(65) **Prior Publication Data**

US 2015/0011828 A1 Jan. 8, 2015

**Related U.S. Application Data**

(63) Continuation-in-part of application No. 14/231,541,  
filed on Mar. 31, 2014, which is a continuation of  
application No. 13/662,552, filed on Oct. 29, 2012,  
now abandoned, and a continuation-in-part of  
application No. 14/300,324, filed on Jun. 10, 2014,  
which is a continuation-in-part of application No.  
13/662,552, filed on Oct. 29, 2012, now abandoned,  
and a continuation-in-part of application No.  
14/109,880, filed on Dec. 17, 2013, which is a  
continuation-in-part of application No. 13/662,553,  
filed on Oct. 29, 2012.

(60) Provisional application No. 61/911,589, filed on Dec.  
4, 2013, provisional application No. 62/023,908, filed  
on Jul. 13, 2014.

(51) **Int. Cl.**

**A61B 1/00** (2006.01)  
**A61M 16/04** (2006.01)  
**A61M 25/10** (2013.01)  
**A61M 16/08** (2006.01)  
**A61M 16/20** (2006.01)

(52) **U.S. Cl.**

CPC ..... **A61B 1/00165** (2013.01); **A61B 1/00082**  
(2013.01); **A61M 16/044** (2013.01); **A61M**  
**16/0418** (2014.02); **A61M 16/0438** (2014.02);  
**A61M 16/0477** (2014.02); **A61M 16/0816**  
(2013.01); **A61M 25/1025** (2013.01); **A61M**  
**16/0434** (2013.01); **A61M 16/0445** (2014.02);  
**A61M 16/0454** (2014.02); **A61M 16/0465**  
(2013.01); **A61M 16/0497** (2013.01); **A61M**  
**16/0833** (2014.02); **A61M 16/208** (2013.01);  
**A61M 2205/0216** (2013.01); **A61M 2210/1028**  
(2013.01)

(58) **Field of Classification Search**

CPC ..... **A61B 1/00165**; **A61B 1/00082**; **A61M**  
**16/044**; **A61M 16/0438**; **A61M 16/0816**;  
**A61M 16/0418**; **A61M 16/0477**; **A61M**  
**16/0454**; **A61M 16/0833**; **A61M 16/208**;  
**A61M 16/0434**; **A61M 16/0465**; **A61M**  
**16/0497**; **A61M 16/0445**; **A61M 25/1025**;  
**A61M 2210/1028**; **A61M 2205/0216**

See application file for complete search history.

(56) **References Cited**

**U.S. PATENT DOCUMENTS**

4,722,335 A \* 2/1988 Vilasi ..... 128/207.14  
5,647,358 A 7/1997 Vilasi

(Continued)

*Primary Examiner* — Justine Yu

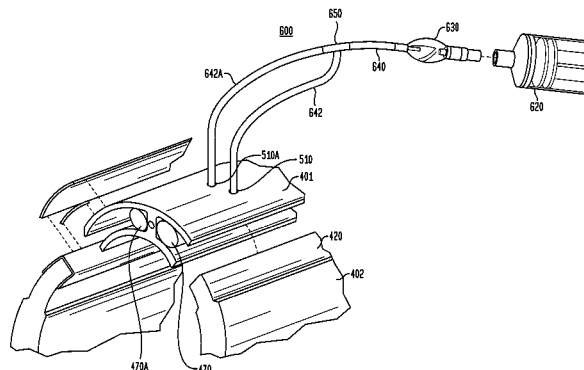
*Assistant Examiner* — Timothy Stanis

(74) *Attorney, Agent, or Firm* — Law Office of Carl  
Giordano, PC

(57) **ABSTRACT**

A flexible expandable inter vivos tube includes at least one  
arched segmented portion, a corresponding movable element  
and at least one positioning mechanism. The at least one  
arched segmented portion and corresponding movable ele-  
ment forming a flexible closed longitudinally expandable  
tube. The at least one arched segment includes an H-shaped  
connector having at least one cavity that allows variable slid-  
able movement of a free end portion of the corresponding  
movable element. A balloon is contained in each of the at least  
one cavity so that the hydraulic or air pressure within balloon  
expands the movable element and, thus, the circumference of  
the flexible inter vivos tube is increased.

**20 Claims, 15 Drawing Sheets**



# US 9,107,577 B2

Page 2

(56)

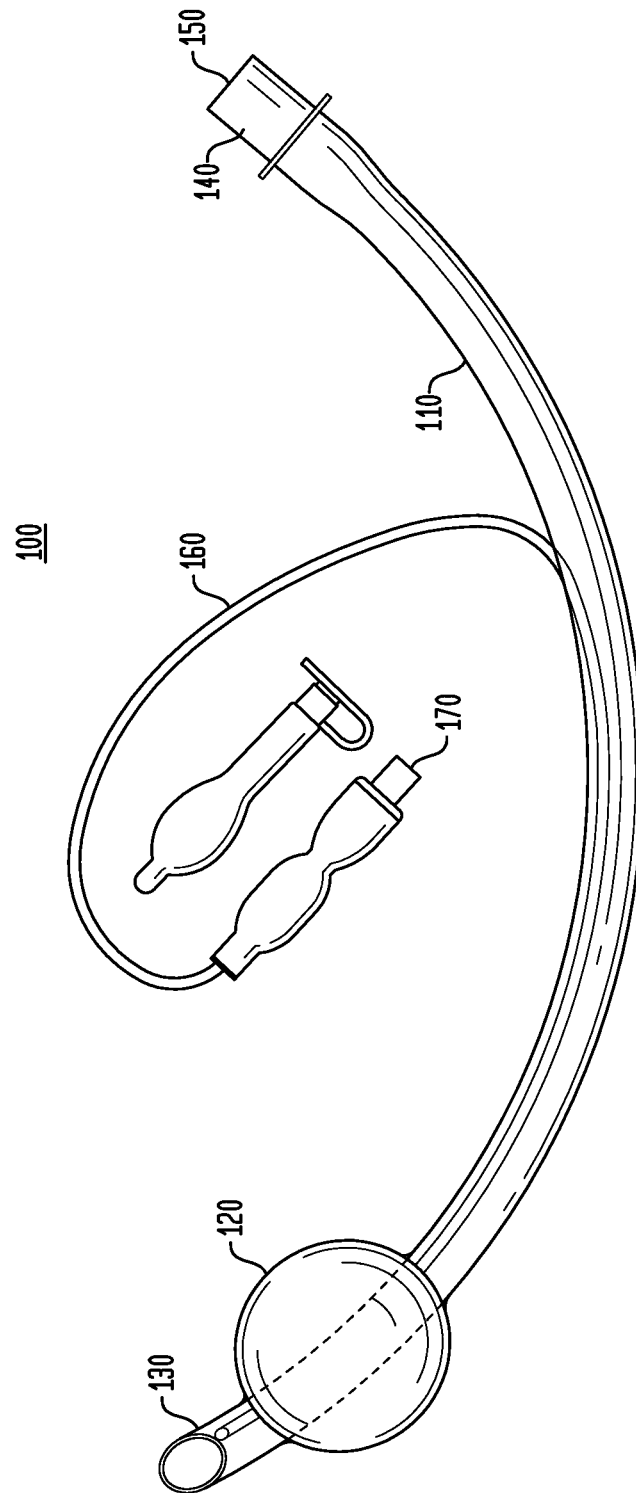
## References Cited

### U.S. PATENT DOCUMENTS

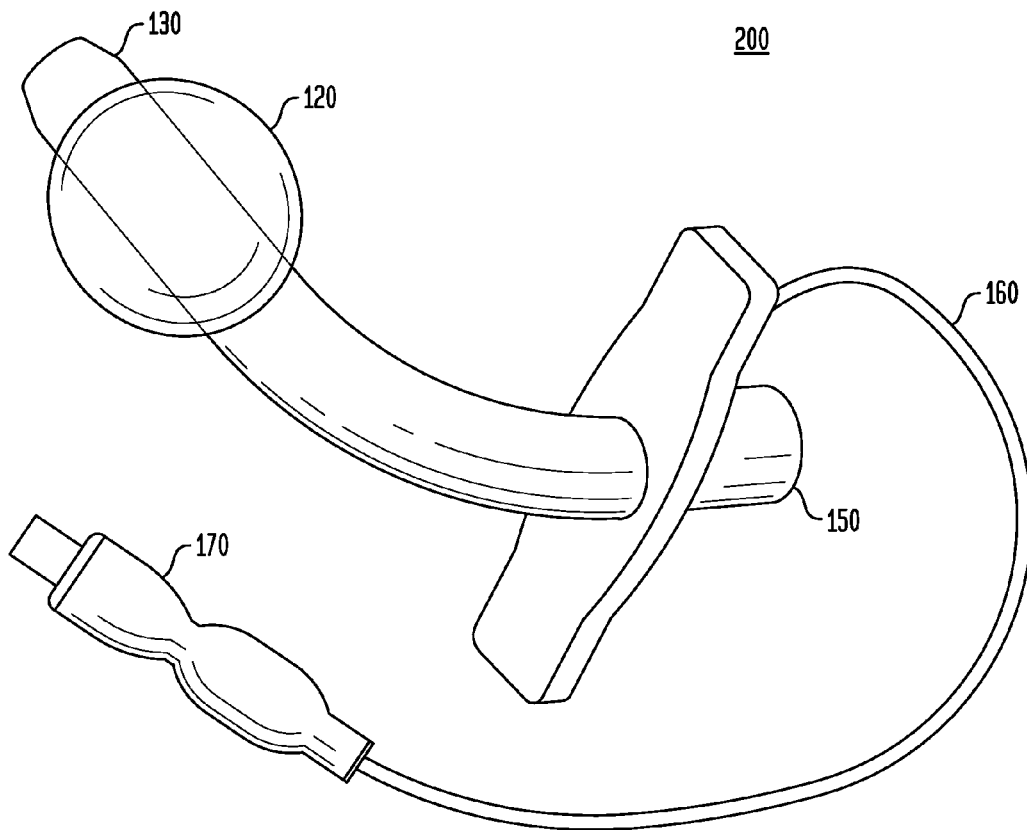
6,027,508	A *	2/2000	Ren et al. ....	606/108	2008/0078399	A1 *	4/2008	O'Neil et al. ....	128/207.14
6,408,850	B1	6/2002	Sudge		2008/0115789	A1	5/2008	Green	
2005/0224079	A1 *	10/2005	Green	128/207.14	2010/0313894	A1	12/2010	Crumback	
					2012/0109179	A1 *	5/2012	Murphy et al. ....	606/194

\* cited by examiner

**FIG. 1**  
(PRIOR ART)



**FIG. 2**  
(PRIOR ART)



**FIG. 3**  
(PRIOR ART)

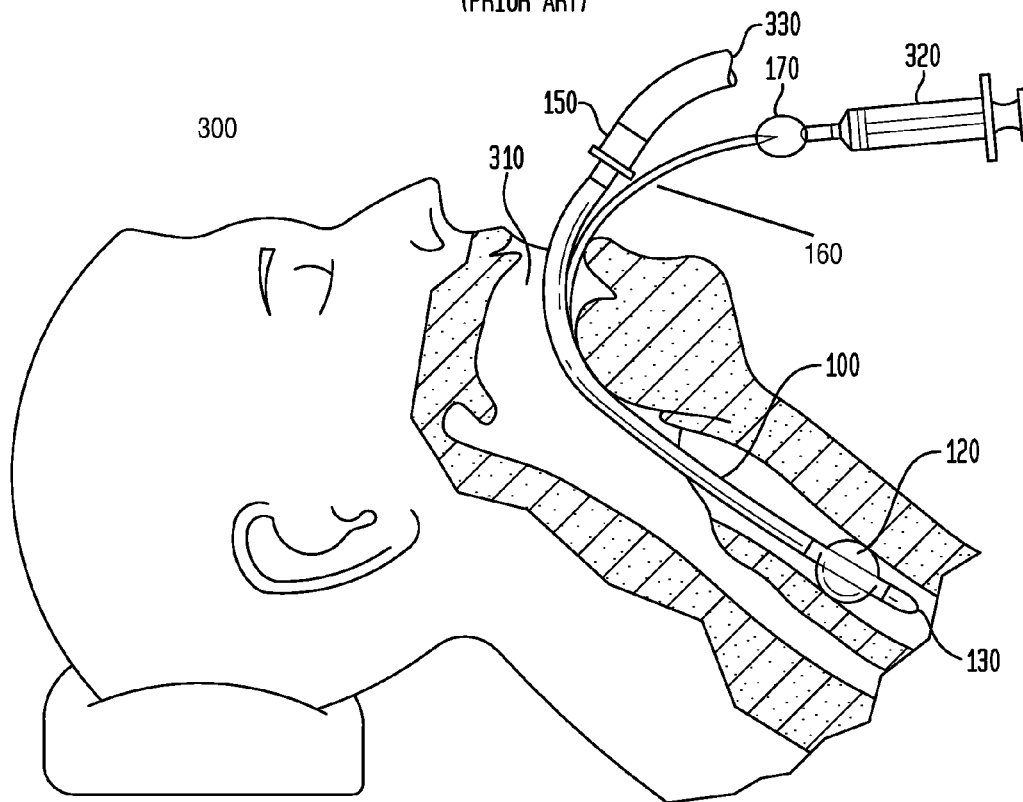
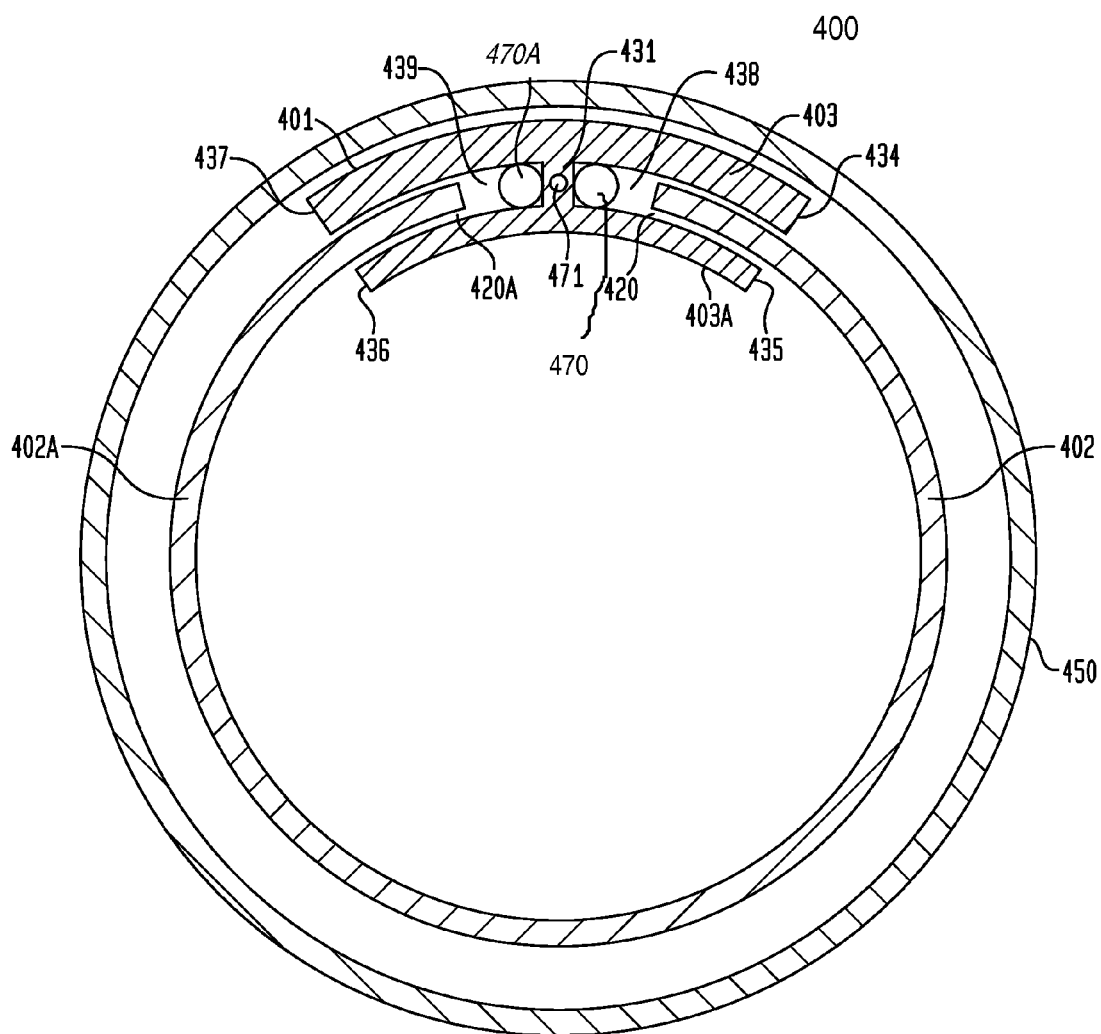
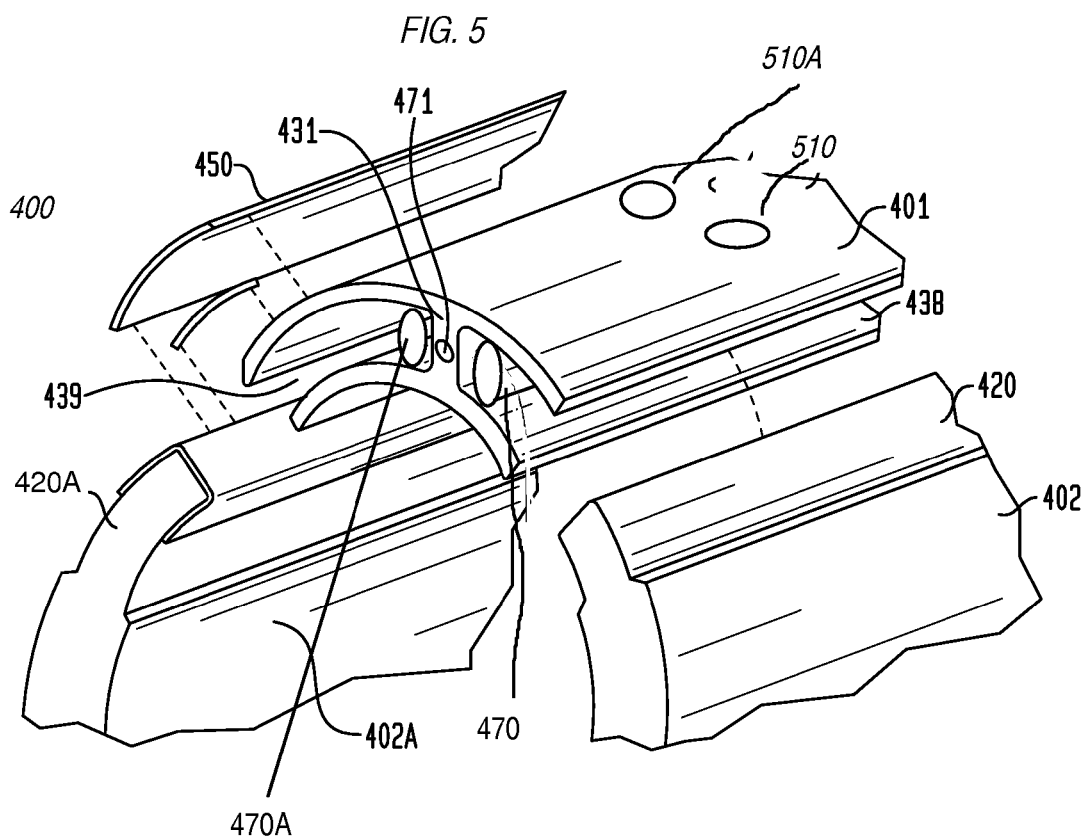
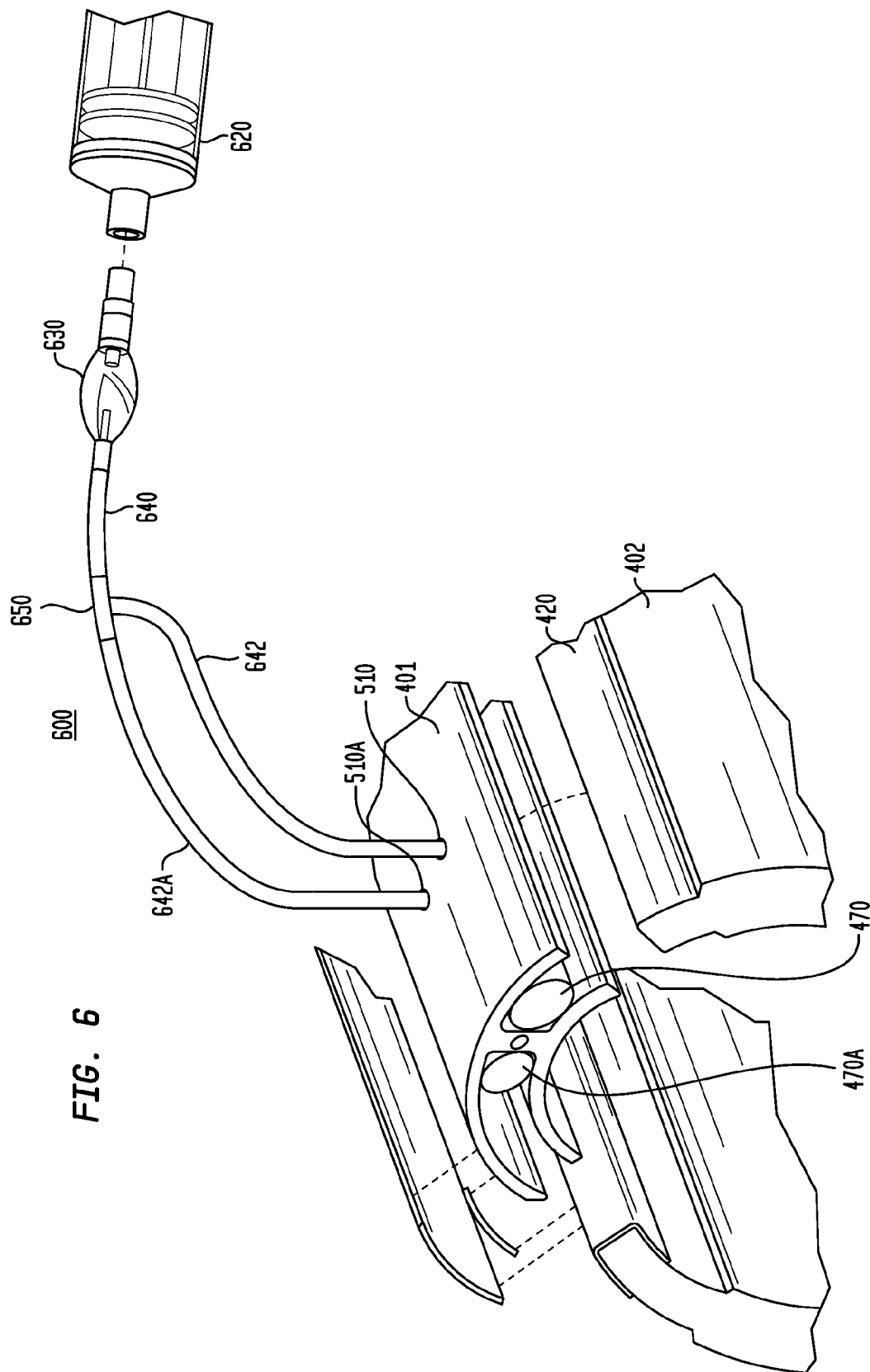


FIG 4.









**FIG. 7**

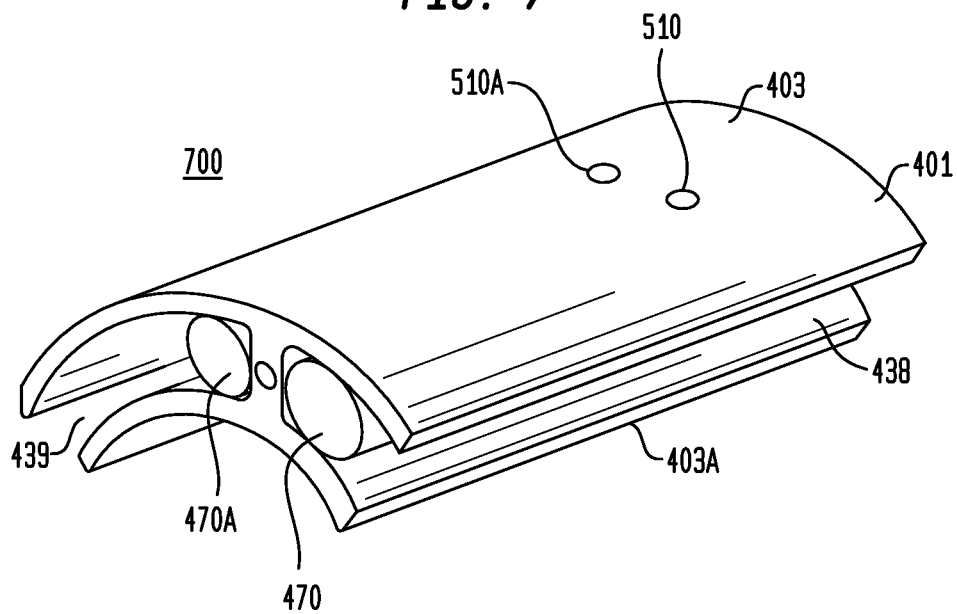


FIG. 8A

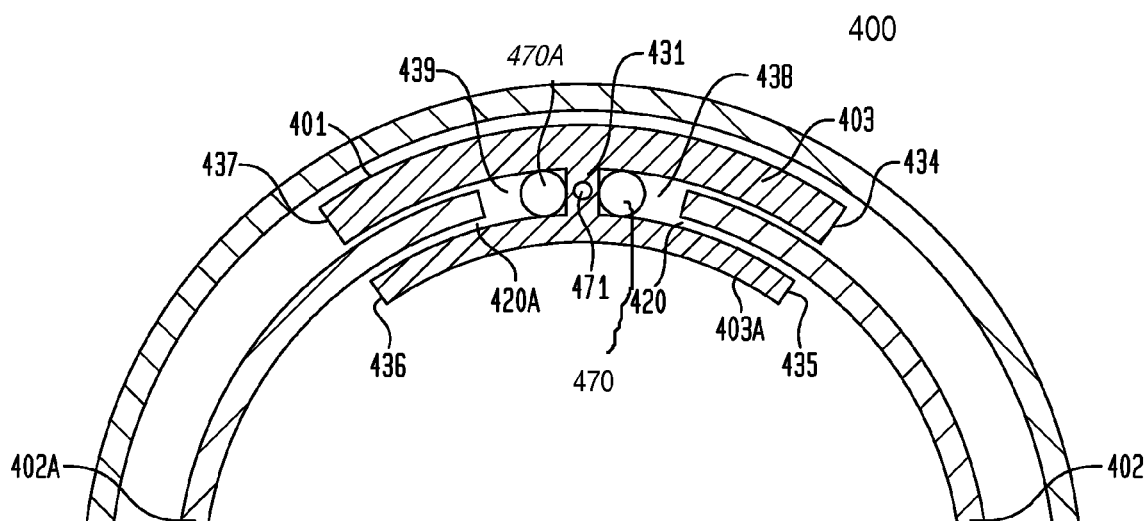
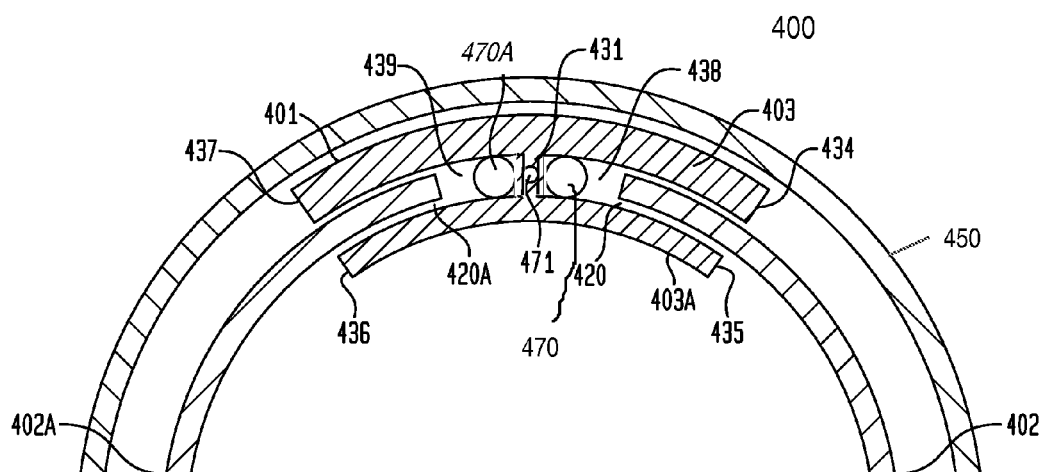


FIG. 8B



**FIG. 9**

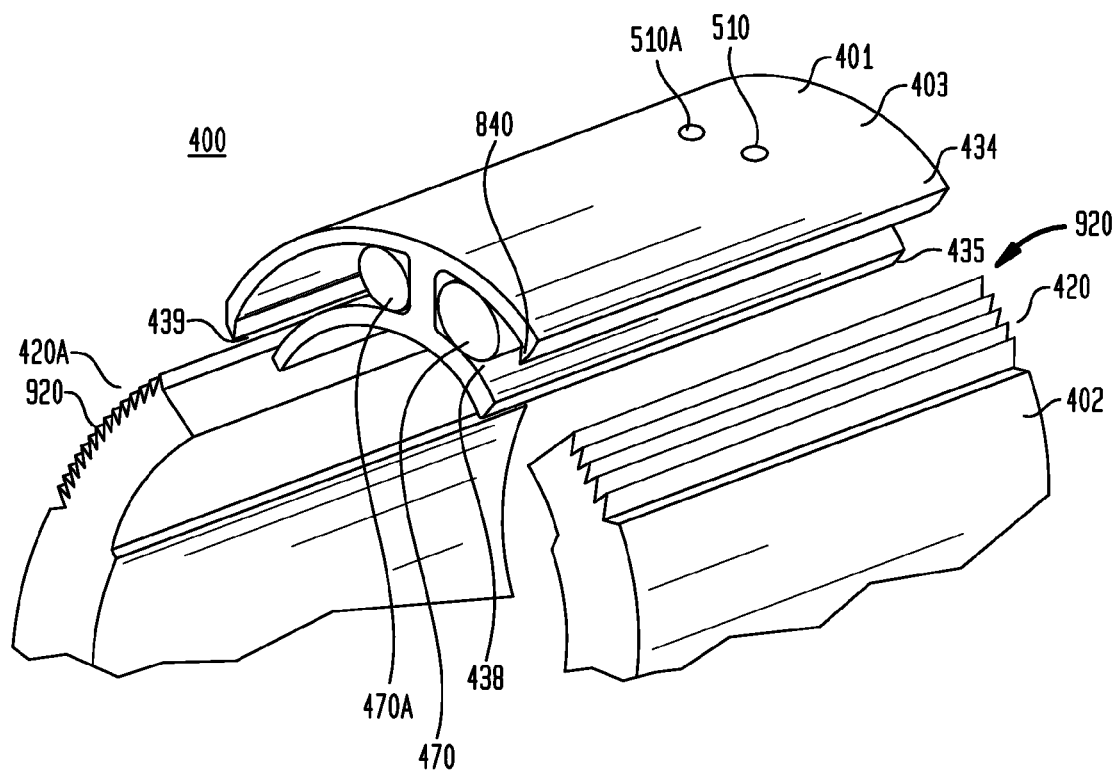


FIG. 10A

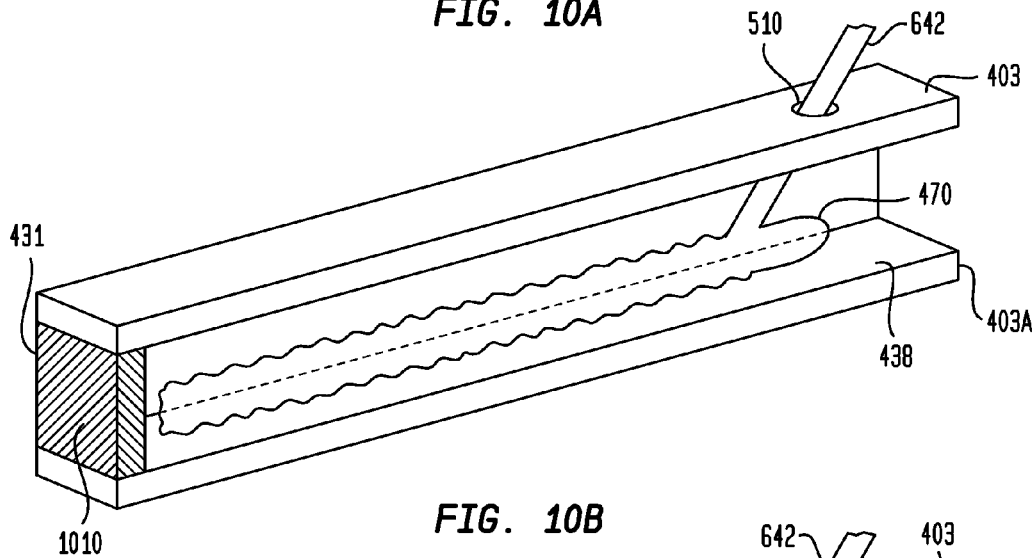


FIG. 10B

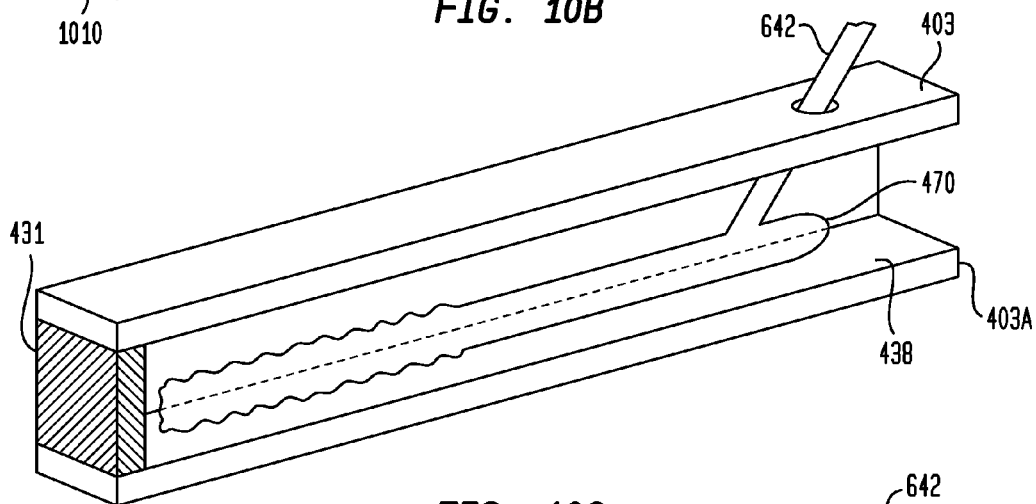
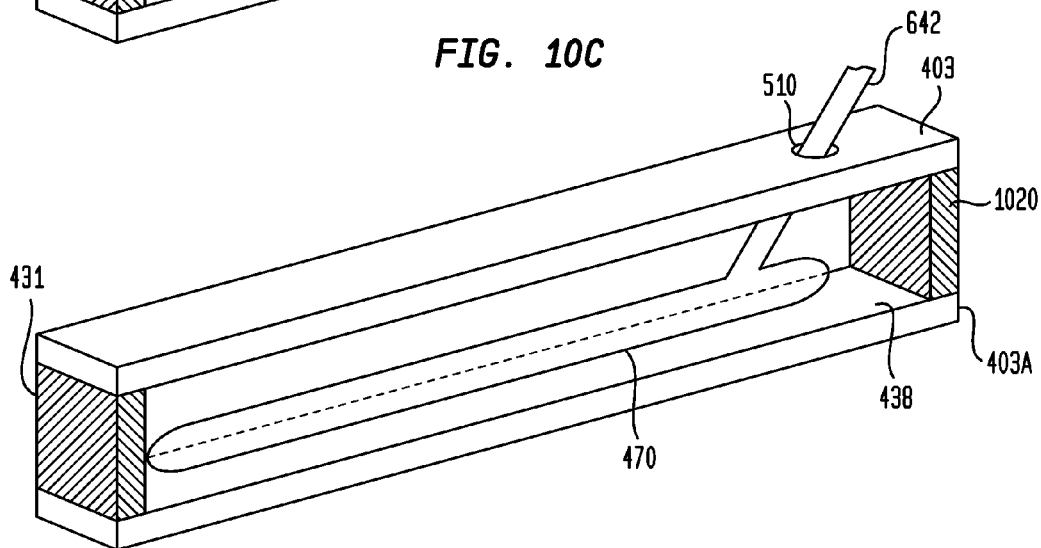
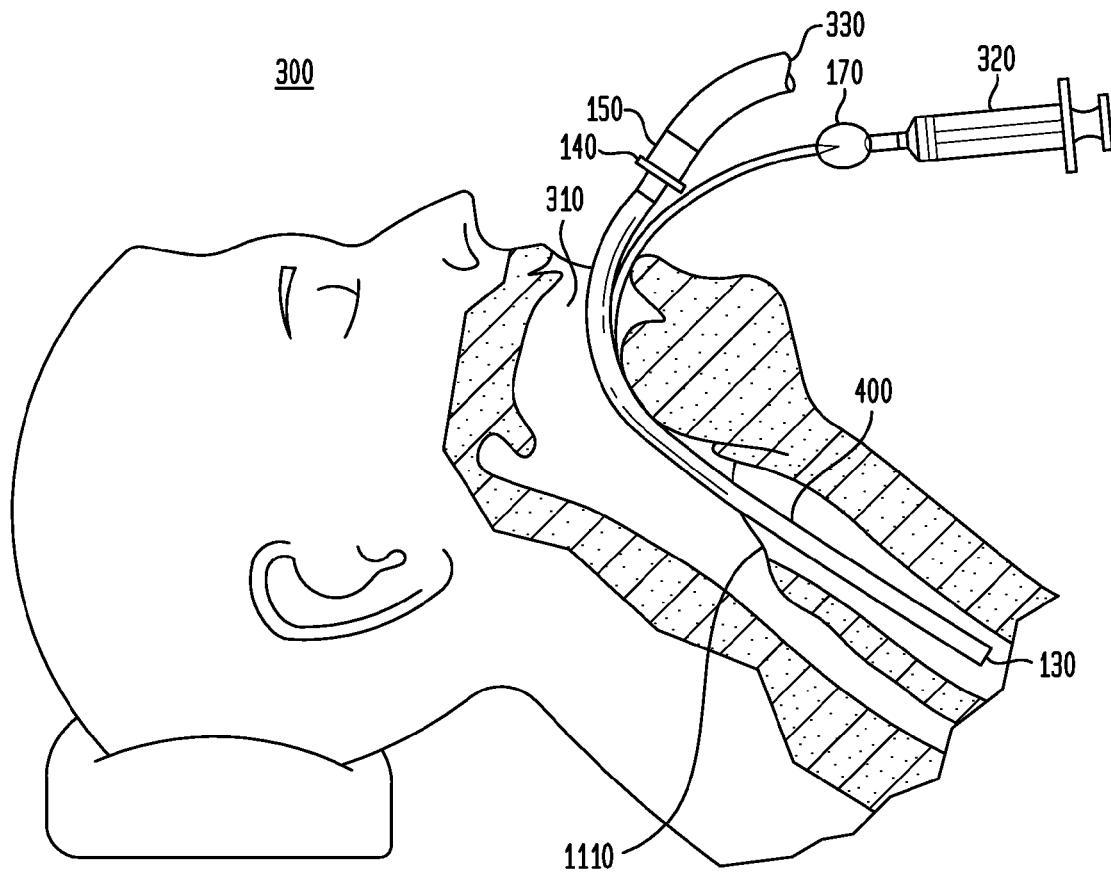


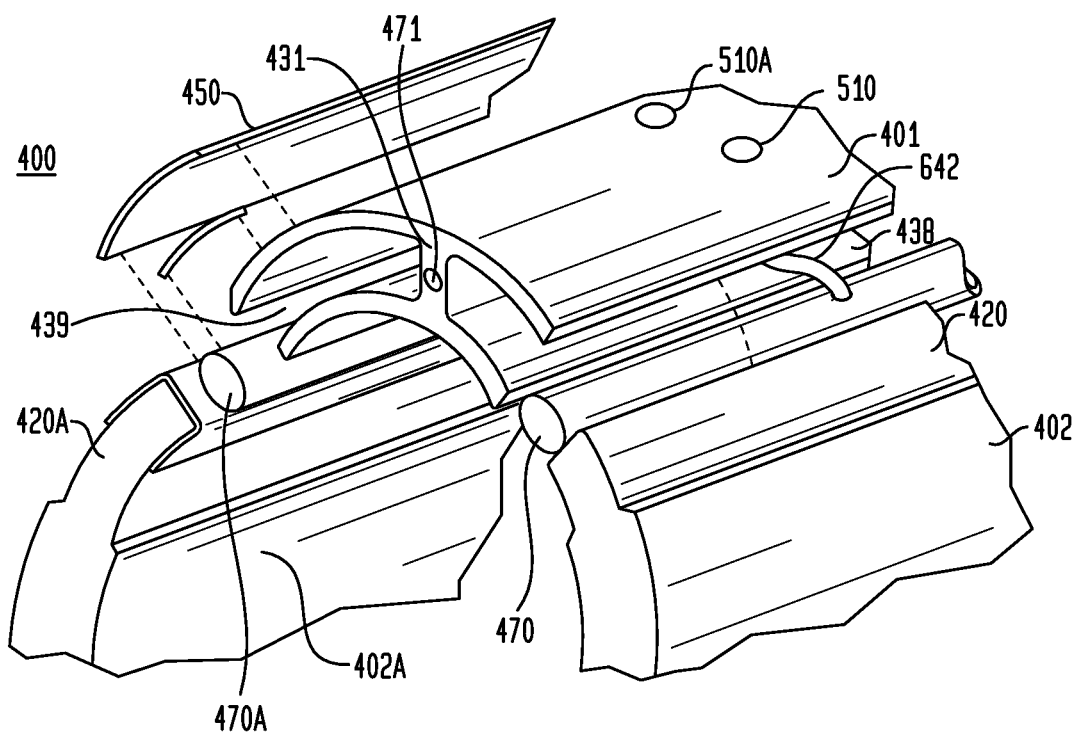
FIG. 10C

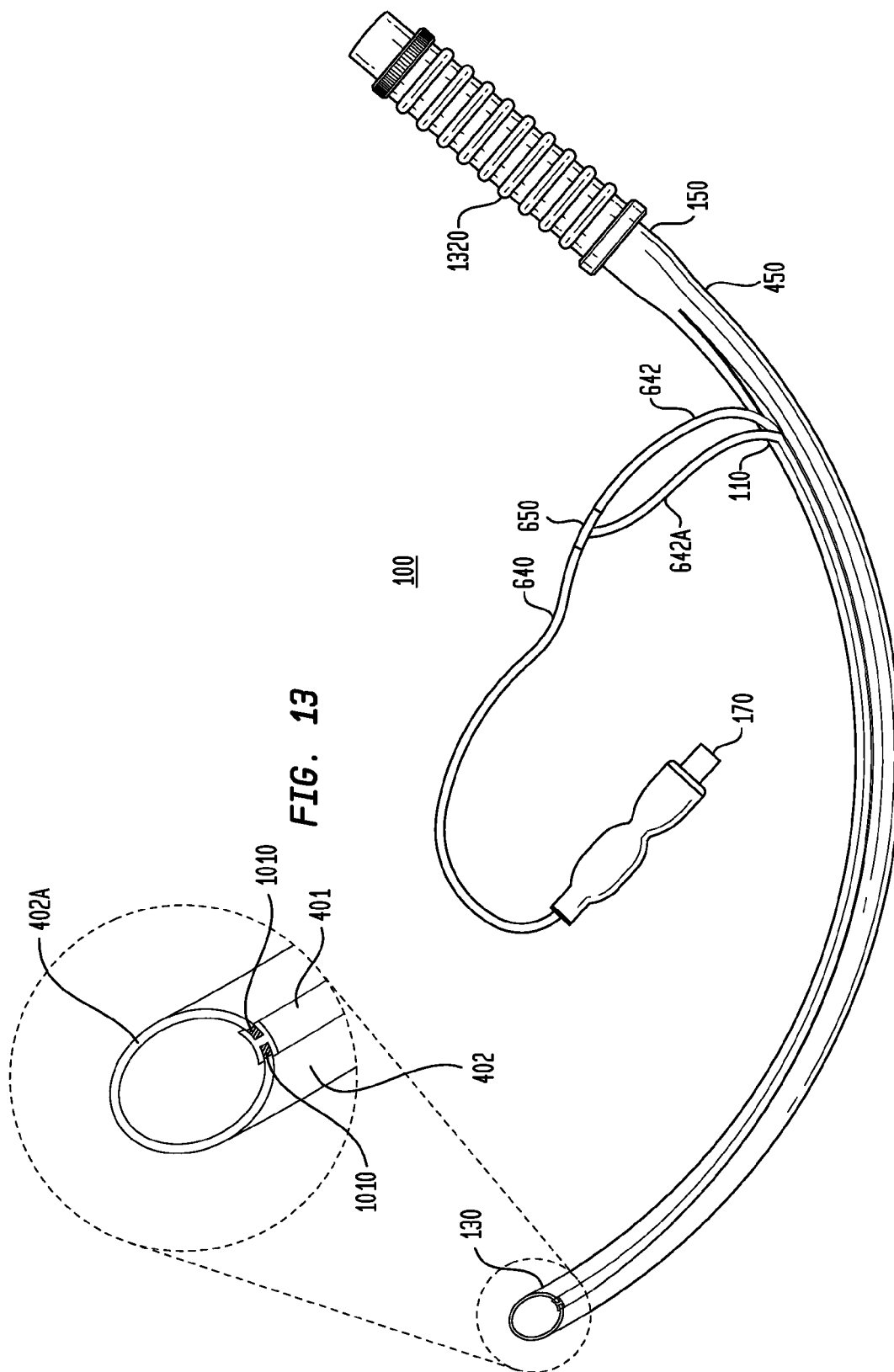


**FIG. 11**

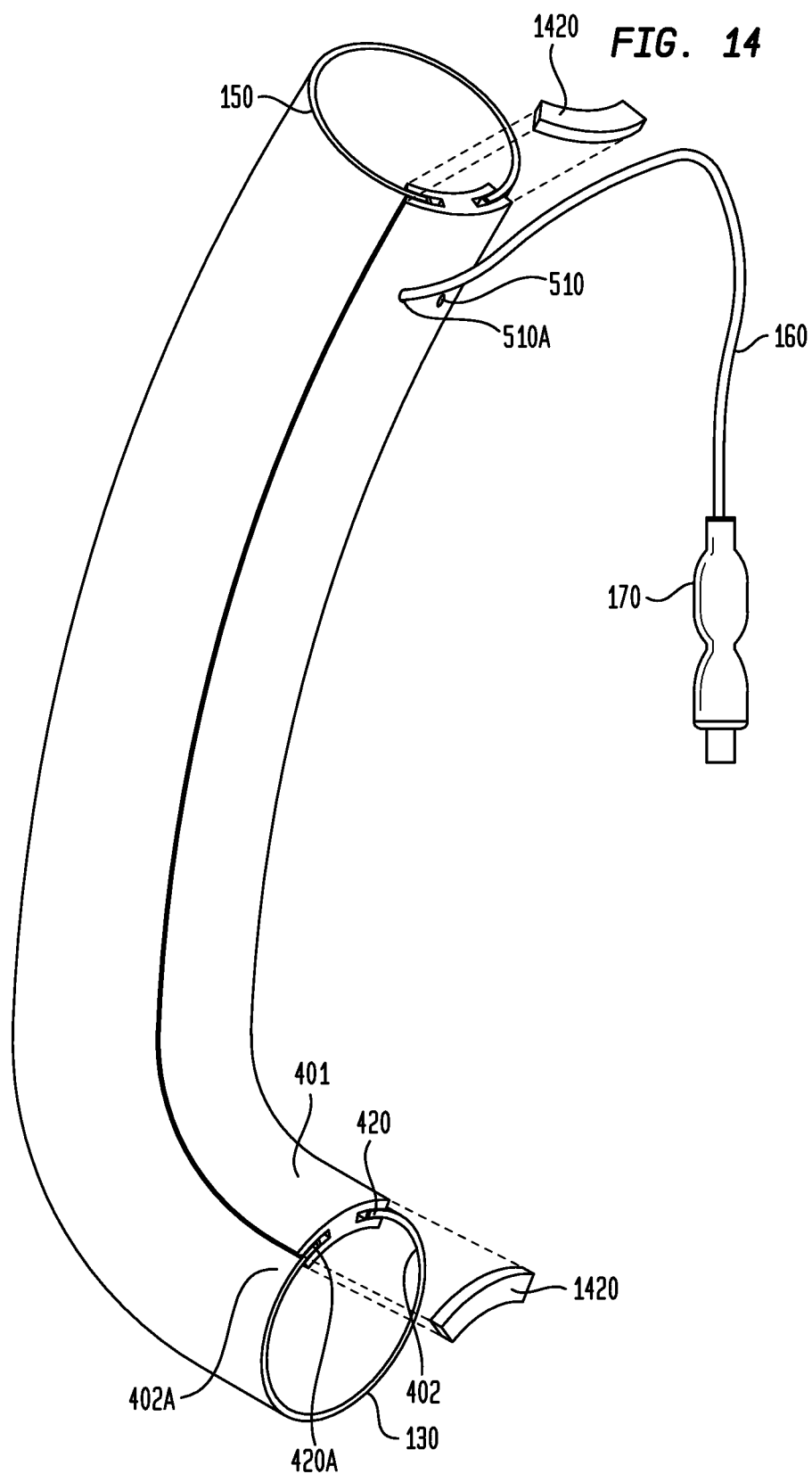


**FIG. 12**









1

**EXPANDABLE INTER VIVOS TUBE AND  
METHOD OF MANUFACTURING SAME**

## CLAIM OF PRIORITY

This application  
claims,

pursuant to 35 USC 119, the benefit of the earlier filing  
date of, and priority to, that application entitled  
“Expandable Inter Vivos Tube and Method of Manu-  
facturing Same,” filed on Jul. 13, 2014 and afforded  
Ser. No. 62/023,908 (JVilasi-005P),

and further claims

pursuant to 35 USC 120, as a continuation-in-part, the  
benefit of the earlier filing date of, and priority to, that  
application entitled;

“Expandable Inter Vivos Tube,” filed on Mar. 31, 2014  
and afforded Ser. No. 14/231,541 (JVilasi-  
001CON-1), which claimed,

pursuant to 35 USC 120, as a continuation, the benefit of  
the earlier filing date of, and priority to that patent  
application entitled;

“Expandable Inter Vivos Tube,” filed on Oct. 29, 2012  
and afforded Ser. No. 13/662,552 (JVilasi-001)  
(abandoned),

and further claims,

pursuant to 35 USC 120, as a continuation-in-part, the  
benefit of the earlier filing date of, and priority to that  
patent application entitled:

“Expandable Inter Vivos Tube,” filed on Jun. 10, 2014  
and afforded Ser. No. 14/300,324 (JVilasi-004),  
which claimed

pursuant to 35 USC 120, as a continuation in part, the  
benefit of the earlier filing data of and priority to that  
patent application entitled;

“Expandable Inter Vivos Tube,” filed on Oct. 29, 2012  
and afforded Ser. No. 13/662,552 (JVilasi-001)  
(abandoned),

and further claims

pursuant to 35 USC 120, as a continuation-in-part, the  
benefit of the earlier filing data of, and priority to, that  
patent application entitled:

“Expandable Inter Vivos Tube,” filed on Mar. 28, 2014  
and afforded Ser. No. 14/228,891 (JVilasi-003),  
which claimed,

pursuant to 35 USC 120, as a continuation-in-part, the  
benefit of the earlier filing data of and priority to that  
patent application entitled;

“Expandable Inter Vivos Tube,” filed on Oct. 29, 2012  
and afforded Ser. No. 13/662,552 (JVilasi-001)  
(abandoned),

and further claims

pursuant to 35 USC 120, as a continuation-in-part, the  
benefit of the earlier filing data of, and priority to, that  
patent application entitled

“Expandable Inter Vivos Tube,” filed on Dec. 17, 2013  
and afforded Ser. No. 14/109,880, (JVilasi-002)  
which claimed,

pursuant to 35 USC 120, as a continuation-in-part, the  
benefit of the earlier filing data of and priority to that  
patent application entitled

“Expandable Inter Vivos Tube,” filed on Oct. 29, 2012  
and afforded Ser. No. 13/662,552 (JVilasi-001)  
(abandoned), and claimed,

pursuant to 35 USC 119, the benefit of the earlier filing  
date and priority to that patent application entitled

2

“Expandable Inter-Vivos Tube,” filed on Dec. 4, 2013  
and afforded Ser. No. 61/911,589, the contents of  
all of which are incorporated by reference, in their  
entirety, herein.

## BACKGROUND

## 1. Field of the Invention

The present invention relates to the field of medical devices  
and, more particularly, to an expandable inter vivos tube.

## 2. Background of the Invention

Inter vivos tubes, such as endotracheal tubes, are used to  
provide gases to the lungs during surgery. For example, an  
endotracheal tube is inserted into the trachea with its distal tip  
advanced halfway toward the tracheal bifurcation to provide  
gases, such as oxygen and anesthetics to a patient, during  
surgery. The exposed portion of the endotracheal tube is then  
firmly taped to the patient’s face to prevent undesirable move-  
ment.

To align the position of conventional endotracheal tubes,  
an inflatable cuff balloon, at the distal end of the endotracheal  
tube, is inflated to correspond to the inner diameter of a  
portion of the trachea, thereby centering, or otherwise posi-  
tioning, the endotracheal tube within the trachea. The cuff  
balloon, however, does not completely obstruct the entire  
trachea; only the portion where it is anchored is obstructed.  
When the cuff balloon is inflated, confirmation of the  
expanded balloon’s contact within the trachea is achieved and  
delivery of anesthetic gases is performed.

Because of various sized endotracheal tubes, it is prefer-  
able to at least make the outer diameter of the endotracheal  
tube closely proximate to the size of the glottis, or opening  
between the vocal cords, for selective positioning of the  
endotracheal tube at a predetermined dilation. Therefore,  
various sized tubes are used, and the anesthesiologist or nurse  
anesthetist must choose from a variety of sized tubes to insert  
in the patient. If nasotracheal intubation or tracheostomy  
tubes are required in present practice even smaller interior  
diameters (ID) tubes are used.

Conventional endotracheal tubes vary in size and are num-  
bered according to an internal diameter (ID). For example, for  
children, tubes are measured at about 3.5 to 7 mm (millime-  
ters) internal diameter and from 7 to 11 mm for an adult. The  
internal diameter in women varies in general from 7.0 to 8.5  
mm ID and in men from 8 to 10 mm ID. Typically, an endot-  
racheal tube size selected for each patient is empirically  
selected by the anesthesiologist based on the patient’s gender,  
age and size.

Ideally, the endotracheal tube should approximate as  
closely as possible the glottic size of the patient. Since there  
is no way to estimate the glottic size prior to the administra-  
tion of anesthesia, in the existing prior art endotracheal tubes,  
a distal inflatable cuff is incorporated into the present day  
endotracheal tube which, when inflated, compresses the tra-  
cheal wall, thus creating a closed circuit between the endot-  
racheal tube inflow from the anesthesia machine and outflow  
from the patient’s lung to the exhalation valve. When nasotra-  
cheal intubation or tracheostomies is necessary, the internal  
diameter of the endotracheal tube is even less than the normal  
size, which is selected for orotracheal intubation, even greater  
respiratory resistance is created.

As noted in “Clinical Anesthesia,” 1989 Edition, J. B.  
Lippincott Company, edited by Paul Barash, MD, Bruce  
Cullen, MD, and Robert Stoelting, MD, “[e]ndotracheal tube  
resistance varies inversely with the tube size. Each millimeter  
decrease in tube size is associated with an increase in resis-  
tance of 25 to 100%. The work of breathing parallels changes

in resistance. A one (1) mm decrease in tube size increases the work of breathing from 34 to 154%, depending on the ventilatory pattern”.

Therefore, in existing prior art inter vivos tubes, the internal diameter is small, and the only large portion is the external cuff balloon. This makes it harder for a surgical patient to breathe through the small internal diameter of the existing endotracheal tubes, especially if the patient must breathe spontaneously without assistance.

In summary, the prior art uses a local, inflatable balloon at the distal portion of an endotracheal tube, which narrows the patient's air way at the vocal cord level and may damage the vocal chords of the patient, if not properly installed.

Applicant's prior U.S. Pat. No. 3,968,800 dated Jul. 13, 1976 and U.S. Pat. No. 4,827,925 dated May 9, 1989 describe an adjustable endotracheal tube which is complex to expand, and which does not have flexibility in being adapted to varying sized tracheas of different patients. Applicant's other prior U.S. Pat. No. 4,722,335, dated Feb. 2, 1988, discloses an expandable endotracheal tube including two overlapping curved segments, which when joined together form a closed tube. Similarly, applicant's prior U.S. Pat. No. 5,647,358, dated Jul. 15, 1997, discloses an expandable inter vivos tube that provides for expansion of the tube along at least designated parts of the tube. However, the configuration may be conceptually possible but in practical terms, difficult to construct and maintain at present prices.

Hence, there is a need in the industry for an expandable inter vivos tube that is easy to construct, easy to install, expand and remove during a procedure while reducing construction and costs of construction.

#### SUMMARY OF THE INVENTION

It is therefore an object of the present invention to provide a flexible, expandable inter vivos tube that expands its internal diameter at the glottic region of the trachea, to make breathing easier for a surgical patient.

Another object of the flexible, expandable inter vivos tube of the present invention is to vary a size of the internal diameter (ID) of an endotracheal tube in order to reach the glottic size of the patient without the intervention of a distal inflatable cuff.

With the present invention, the distal cuff is unnecessary and the one size endotracheal tube would fit most all adult patients. The present invention is especially useful in nasotracheal intubations where normally an even smaller internal diameter tube would be selected by the anesthesiologist.

It is also an object of the present invention to provide an endotracheal tube that maintains a same thickness throughout, without tapering.

It is yet another object of the present invention to provide an inter vivos tube having an internal diameter that remains substantially consistent from a proximal end to a distal end.

Another object of the present invention is to provide a vessel for administration of anesthesia by means of a flexible expandable tube that can be positioned correctly without interrupting gas flow and/or organ activity of a surgical patient.

It is also an object of the invention to provide a tube that can operate as an artificial flexible expandable vessel, such as a segment of a blood vessel to replace clogged arteries, or as a permanent catheter duct for providing fluids to or from the body.

It is also an object of the present invention to provide an improved inter vivos tube that overcomes the disadvantages of the existing prior art expandable tubes.

The basic concept of the present invention is to equip an inter vivos vessel, such as an endotracheal tube, artificial blood vessel or other tube with a positioning mechanism that is activated from a proximal end of the vessel and allows exact positioning and reversible anchoring within a body cavity, such as the trachea. The expandable tubes disclosed herein can also be utilized as esophageal dilators, laparoscopic tubes, etc.

In the endotracheal tube embodiment, exact positioning and anchoring provide the conditions to provide anesthetic gases at the target, namely to the bronchial tubes, and ultimately the lungs.

In the present invention, the endotracheal tube can be anchored in the internal diameter of a body cavity, such as the trachea. The tube is expanded in size by means of an axially and longitudinally extendable elements inserted within the opposite free ends of a cul-de-sac formed by an H-like element. The extendable member includes free ends that run substantially the longitudinally length of the intro vivos tube. The two free edges of the extendable (flexible) cylindrical body elements engage corresponding free ends of the H-shaped element, which is curved to complete the circumference of the flexible expandable endotracheal tube. The “H” segment also provides for the integrity of the tube and, is constructed of a more rigid plastic than the rest of the tube itself. The remainder of the endotracheal tube utilizes the same or similar semi-rigid materials used in conventional inter vivos tubes. Polyvinyl tubes are presently used and continue to be used with varying degrees of hardness.

Moreover, upon extubation of the inter vivos tube of the present invention, retraction of the diameter of the tube is not required. By axially shifting the segmented arches away from each other at the free ends of the tube within the cul-de-sac of the “H” shaped element, the segmented arches are expanded so that the size of the endotracheal tube is increased and anchored during the administration of anesthesia. The segmented arches can be spread axially and longitudinally away from each other by injecting gas (or air) or fluid such as (saline) with a syringe connected to a one way valve and tube inserted in the lumen of a longitudinal canal within the rib of the “H”.

The free ends of the flexible interrupted cylindrical tube are axially and longitudinally displaced away from each other so that the internal diameter of the endotracheal tube is expanded to anchor the tube within a body cavity, such as the trachea. One or more entry points may be used to provide fluid (gas, air, liquid) within a selected longitudinally extending rib of the “H” like element. The entry point(s) are also within a canal location in the wall on the expandable tube.

The longitudinal rib within the “H” is pierced at two or more levels along the course of the “H” element in order to distribute the fluid (gas, air, liquid) to substantially the length of the tube substantially uniformly.

It is important to note an expandable membrane is sealed to the inner and outer surfaces of the “H” element and also completely surrounds the free ends of the H-shaped element. However, the portion of the membrane that surrounds the free arms of the “H” will allow the opposite free longitudinal ends of the endotracheal tube to remain inserted within the cul-de-sac formed by the free arms of the “H” element. When a fluid is injected into a longitudinal channel within a rib of the “H”, the two free ends of the endotracheal tube will slide substantially evenly apart to a desired expansion.

In another aspect of the invention, an optional non-expandable membrane can be fused along the entire length of the outer part of the “H” element and on the two expanding arms of the endotracheal tube longitudinally at a distance away

from the free arms of the "H" element equal to the depth of the cul-de-sac. In this manner the tube cannot over expand.

In another aspect of the invention, the entire endotracheal tube can, itself, be sealed by a condom-like membrane to maintain smoothness and to help maintain the integrity of the tube itself.

According to an embodiment of the invention, the free end of one side of the cylindrical body, or segmented arch, can be moved, and the opposite side would be firmly attached inside the other free end of the H-shaped element. By means of the self-acting spreading of the endotracheal tube after insertion, the position of the endotracheal tube is maintained so that controlled anesthesia can be performed without gas regurgitation.

In another embodiment of the invention, the free ends of the "H" element may include a retaining or locking point that engages saw-tooth means or serrations in the extendable elements inserted within the free ends of the cul-de-sac formed by the "H" element. The engagement of the retaining point of the free-end of the "H" element and the serrations in the extendable elements lock the extendable element in an extended position.

In this embodiment of the invention, an expandable tube (referred to as an expander tube) may be inserted into the inter vivos tube in order to expand the extendable elements of the inter vivos tube to a desired position. The expander tube may then be removed after a desired expansion of the inter vivos tube is achieved. The expander tube may be reused, if desired, after sterilization.

In another embodiment of the invention, the retaining point of the free end of the "H" element may be hinged to lock the extendable elements to remain in the expanded mode.

In one embodiment of the invention, an inter vivos system is disclosed which comprises an expandable inter vivos tube comprising: a longitudinal H-shaped member comprising: an arched outer member; an arched inner member; a rib member connecting, at a substantial midpoint of said arched outer member and said arched inner member, said arched outer member, said arched inner member and said rib member forming first and second cavities, respectively; a retaining pin positioned on a free end of one of said arched outer member and said arched inner member, said retaining pin projecting into an opening of a corresponding one of said first and second cavities, and a flexible tube split along a longitudinal axis, said split forming first and second free ends, said first and second free ends engaging corresponding ones of said first and second cavities, wherein each of said first and second free ends include at least one serration, said at least one serration engaging said retaining pin, wherein flexible tube and said arched outer member having a radius forming said inter vivos tube with a substantially circular cross-section; and an expansion means comprising: a hollow tube member including a plurality of egress points along a longitudinal axis of said tube; and an expandable member attached to said proximate end and to said distal end of said tube member; wherein said tube member is sized to fit within an inner diameter of said expandable inter vivos tube.

In another embodiment of the invention, an inter vivos tube comprising a H-shaped member, as previously described, extends along a longitudinal axis of a tube member, wherein free ends of the tube member are contained within corresponding cavities or cul-de-sacs formed by the H-shaped member. Within each cavity is a self-contained expandable condom (e.g., a balloon) having an integrated air tube extending through one of an upper member of the H-shaped member and a lower member of the H-shaped member. The expandable condom may be filled with a fluid (gas, air, liquid), to

expand the condom and displace the free ends of the tube member toward a free end of the H-shaped member. In one aspect of the invention, the rib member may be formed in a wedge wherein a width of the rib member at a distal end of the inter vivos tube is greater than a width of the rib member at a proximal end of the inter vivos tube. In another aspect of the invention, the condom may be composed of a material having different degrees of elasticity from its proximal end to its distal end. The variable degrees of elasticity allow the condom to expand at different rates as a fluid (i.e., gas or liquid) is injected into the condom. In another aspect of the invention, the distal end and the proximal end of the inter vivos tube are plugged or sealed to force the expanding condom to expand in a lateral direction rather than in a longitudinal direction, with respect to the inter vivos tube.

The inter vivos tube of the present invention, advantageously, expands substantially uniformly along its entire axial length, as fluid (gas, air, liquid) is pumped from a syringe into expansion lumens within the rib of the "H" or by the insertion of an expander tube.

#### BRIEF DESCRIPTION OF THE DRAWINGS

The advantages, nature, and various additional features of the invention will appear more fully upon consideration of the illustrative embodiments to be described in detail in connection with accompanying drawings wherein like reference numerals are used to identify like element throughout the drawings:

FIG. 1 illustrates a perspective view of conventional endotracheal tube with an expanded distal cuff which compresses distally against the tracheal wall.

FIG. 2 illustrates a perspective view of a conventional tracheostomy tube inflated distally in the same manner, as in FIG. 1.

FIG. 3 illustrates a perspective view of a conventional endotracheal tube inserted through the vocal cords and expanded within the trachea.

FIG. 4 illustrates a cross-sectional view of a first aspect of inter vivos tube in accordance with the principles of the invention.

FIG. 5 illustrates perspective exploded views of inter vivos tube in accordance with a first embodiment of the invention.

FIG. 6 illustrates a perspective view of a means for causing expansion of the inter vivos tube shown in FIG. 4.

FIG. 7 illustrates a perspective view of inter vivos tube in accordance with a second embodiment of the invention.

FIG. 8A-8B illustrate cross sectional-views of a distal end and a proximal end of an inter vivos tube in accordance with the principles of the invention.

FIG. 9 illustrates a perspective view of inter vivos tube in accordance with another embodiment of the invention.

FIGS. 10A-10C illustrate an exemplary embodiment of a balloon structure in accordance with the principles of the invention.

FIG. 11 illustrates an exemplary application of the inter vivos tube in accordance with the principles of the invention.

FIG. 12 illustrates a perspective view of a second embodiment in accordance with the principles of the invention.

FIG. 13 illustrates a perspective view of one aspect of the inter vivos tube in accordance with the principles of the invention.

FIG. 14 illustrates a perspective view of another aspect of the inter vivos tube in accordance with the principles of the invention.

It is noted that the drawings of the invention are not to scale. The drawings are intended to depict only typical aspects of the invention, and therefore should not be considered as limiting the scope of the invention. In the drawings, like numbering represents similar or like elements between the drawings.

It is to be understood that the figures and descriptions of the present invention described herein have been simplified to illustrate the elements that are relevant for a clear understanding of the present invention, while eliminating, for purposes of clarity many other elements. However, because these elements are well-known in the art, and because they do not facilitate a better understanding of the present invention, a discussion of such element is not provided herein. The disclosure herein is directed also to variations and modifications known to those skilled in the art.

#### DETAILED DESCRIPTION OF THE PRESENT INVENTION

FIG. 1 illustrates a conventional endotracheal tube (i.e., inter vivos tube) **100** represented as an elongated tube **110** having a bulb member **120** positioned on a distal end **130** and a connection member **140** on a proximate end **150**. The connection member **140** on proximate end **150** provides a means for allowing gases to flow through inter vivos tube **100** to distal end **130**. Bulb member **120**, which is shown in an expanded position, seals a passageway (not shown) into which inter vivos tube **100** is inserted to prevent gases exiting the distal end **130** from escaping along the inter vivos tube **100**.

FIG. 1 further illustrates a smaller tube **160** running along an inner edge of inter vivos tube **100**. Tube **160** may be used to provide a fluid, e.g., air or liquid, to bulb member **120** so as to expand bulb member **120** to the illustrated inflated position. Tube **160** may be connected to an air or liquid supply (not shown) by connection member **170**.

FIG. 2 illustrates a conventional tracheostomy tube (i.e., inter vivos tube) **200** used in providing air to a patient undergoing a tracheostomy process. Inter vivos tube **200** operates in a manner similar to that of the inter vivos tube **100** shown in FIG. 1, wherein a bulb member **120**, positioned at a distal end **130**, is expanded to prevent a fluid (e.g., air or liquid) injected from the proximate end **150** from escaping along the inter vivos tube **200**. A fluid, such as air or liquid, enters through connection member **170** to expand bulb member **120**, as previously discussed.

FIG. 3 illustrates a cross-sectional view **300** of the insertion and positioning of a conventional endotracheal tube **100** through a patient's vocal cords. As shown, bulb member **120** is an expanded mode to seal the patient's air passage **310**. Also shown is syringe **320** that is connected to connection member **170** that represents a means for providing fluid to bulb member **120** so as to expand bulb member **120** to seal air passage **310**. Also shown is tube **330** that is connected to proximate end **150** to allow a fluid (e.g., gas, air, liquid) to pass from proximate end **150** of the inserted endotracheal tube **100** to distal end **130** of the inserted endotracheal tube **100**.

FIG. 4 illustrates a cross-sectional view of an exemplary inter vivos tube **400** in accordance with the principles of the invention. As shown, inter vivos tube **400** includes an H-shaped member **401** extending substantially longitudinally along an edge of inter vivos tube **400**. The H-shaped member element **401**, operating as a spine of said inter vivos tube **400**, comprises an arched outer element **403** (outer circumference element) and an arched inner element **403A** (inner circum-

ference element) arranged circumferentially opposite each other at equal angles to each other along a circumference of the flexible expandable inter vivos tube **400**. The H-shaped connection **401** includes rib **431**, which represents the cross-bar of the "H" in the H-shaped connection member **401**, joining at a substantial midpoint the arched elements **403** and **403A**. The H-shape connector elements **403** and **403A**, taken with rib **431**, also form cul-de-sac receptacle cavities **438** and **439**, respectively. The cul-de-sac or cavities **438** and **439** have an opening that is sized to receive, in tongue-in-groove-like fashion, free end tongue portions **420** and **420A** of arched tube segments **402** and **402A**, respectively. The H-shaped connector member **401** has respective free ends **434**, **435** that define cavity **438** and free ends **436** and **437** that define cavity **439**. Outer curved or arched element **403** is longer than inner curved arched element **403A** to accommodate an increase in circumference.

Rib **431** connects the arched elements **403**, **403A** of H-shaped connector member **401** and provides rigidity and structural integrity for the inter vivos tube **400**. The rigidity of rib **431** has sufficient flexibility to enable the inter vivos tube **400** to be inserted into the trachea of the patient and to substantially conform to the patient's airway, while retaining sufficient rigidity to permit a medical worker to position, and to insert, the tube **400** against anatomical resistance of the patient's throat and airway structures (e.g., the vocal cords). Rib **431** may also include longitudinal conduit **471** for accepting a fiber optic cable for a view-O-scope enablement.

The H-shaped connector member may be made of a material such as polyvinyl chloride plastic, to provide sufficient rigidity and flexibility.

Tongues **420**, **420A** of arched tube elements **402**, **402A**, respectively, are normally in a retracted position within corresponding cavities **438**, **439**, providing inter vivos tube **400** with a minimum diameter.

Although not shown, it would be appreciated that the diameter of inter vivos tube **400**, along an axis substantially perpendicular to the arched tube elements **402**, **420A** increases when tongues **420**, **420A** are forced circumferentially apart by entrance of a fluid pumped into the respective cavities **438**, **439**. Hence, the cross sectional profile of the inter vivos tube **400**, in accordance with the principles of the invention, is one of substantially circular in an unexpanded mode and of an elliptical in an expanded mode.

The increased diameter of the inter vivos tube **400**, caused by the displacement of the tongue elements **420**, **420A**, of corresponding arched segments **402**, **402A**, causes the passageway (FIG. 3, **310**) into which the inter vivos tube **400** is inserted to become blocked, such that air may only enter or exit the passageway through the internal diameter formed by the inter vivos tube **400**.

In addition, the cavities **438**, **439** and tongues **420**, **420A** are sized to prevent tongues **420**, **420A** from expanding to a distance that would cause tongues **420**, **420A** to exit cavities **438**, **439**.

Also, shown is an, optional, expandable membrane **450** that surrounds inter vivos tube **400**. Optional membrane **450** may be composed of a material that provides for a smooth surface of the inter vivos tube **400**. The optional membrane **450** may be composed of a material such as PVC (polyvinyl chloride) that allows for a smooth entry and exit of the inter vivos tube **400** into and out of a passage way (e.g., FIG. 3, **310**).

Also illustrated are balloons **470**, **470A** incorporated into cavities **438**, **439**, respectively. Balloons **470**, **470A** expand as

fluid (gas, air, liquid) is injected into balloons **470**, **470A** through the H-shaped connection member **401**, as will be described in further detail.

FIG. 5 illustrates an expanded perspective view of the inter vivos tube **400** shown in FIG. 4, wherein balloons **470**, **470A**, are incorporated into cavities **438**, **439**, respectively.

Also illustrated in inter vivos tube **400** is insertion or ingress points **510**, **510A** incorporated in an outer surface of H-shaped connector member **401**. Insertion points **510**, **510A** allows entry of a fluid (e.g., air, gas, saline solution, etc.) into corresponding balloons **470**, **470A**.

In this illustrated case, fluid (gas, air, liquid) is injected into insertion point **510**, **510A** exits directly into balloons **470**, **470A** to displace tongues **420**, **420A** so as to increase the circumference of inter vivos tube **500** by increasing the diameter between the arched segments **402**, **402A**. That is, tongues **420**, **420A**, when displaced, so as to be positioned in an expanded mode, causes the shape of inter vivos tube **400** to be oblong or elliptical rather than a substantially circular shape when tongues **420**, **420A** are in an unexpanded state.

Although not shown, it would be appreciated that a proximal end and a distal end of H-shaped connector member **401** may be sealed. Thus, a sealing means (e.g., plugs) may be positioned at a proximate end and a distal end of cavities **438**, **439**. In this case, as a fluid (e.g., air, gas, liquid) is injected into injection point **510**, **510A** and exits into corresponding balloons **470**, **470A**, the space in cavities **438**, **439** becomes filled with the expanded balloon **470**, **470A** and tongues **420**, **420A** are displaced from cavities **438**, **439**. Hence, a diameter of the inter vivos tube **400** increases as tongues **420**, **420A** are displaced from cavities **438**, **439**, respectively. As would be appreciated the sealing of the distal end and proximal end may be an optional embodiment as the balloons **470**, **470A** represent a self-contained sealed structure that retains the injected fluid. Although plugs are described as sealing means it would be recognized that the sealing means may be integrated into the H-shaped member **401**. For example, a distal end **130** and a proximal end **150** of H-shaped member **401** may be heat-sealed such that the outer arch segment and the inner arched segment are joined together. Alternatively, flaps may be attached (heat, adhesive) onto the distal end **130** and the proximal end **150** in order to provide a closed cavity **438**, **439**.

FIG. 6 illustrates perspective view of the exemplary embodiment of the endotracheal tube **600** shown in FIGS. 4 and 5 in accordance with the principles of the invention.

In this illustrated example, a fluid, e.g., air, is injected by a syringe **620**, for example, through tube **642**, **642A** inserted into insertion points **510**, **510A**, respectively. Y-connector **650** divides the air injected by syringe **620** into tube **640** into tubes **642**, **642A**, which then enters and inflates balloons **470**, **470A**, respectively. The injection process further includes a one-way valve **630** that allows the fluid to pass through tube **640** into H-shaped connection member **401**, through injection points **510** and **510A**. The injected air enters balloon **470**, **470A** to displace tongues **420**, **420A** to expand the diameter of the inter vivos tube **400**. One way valve **630** allows the fluid to pass in a first direction to displace tongues **420**, **420A** and to statically retain the injected fluid until the valve is released. In this released state, tongues **420**, **420A** may retract into cavities **438**, **439** to reduce the size of the inter vivos tube **400** to its minimum size.

FIG. 7 illustrates a perspective view of a second aspect of an inter vivos tube **400** in accordance with the principles of the invention. In this exemplary embodiment, balloons **470**, **470A**, which are shown in an expanded state, are incorporated into cavities **438**, **439**, respectively. In this aspect of the inven-

tion, balloons **470**, **470A** may be constructed of a material that has a substantially uniform elasticity, wherein the balloons expand substantially uniformly as air enters (in this illustrative example) a proximal end of the balloon **470**, **470A** through air tubes **642**, **642A** (not shown) that are placed in injection ports **510**, **510A** (see FIG. 6). In this case, tongues **420**, **420A** are displaced from cavities **438**, **439** in a substantially uniform manner, as previously described.

In another aspect of the invention, balloons **470**, **470A** may be constructed of a material having a variable degree of elasticity, which allows portions of balloons **470**, **470A** to expand at different rates. For example, the elasticity of the material of balloons **470**, **470A** may be such that a distal end of balloons **470**, **470A** may expand faster than a proximal end of balloons **470**, **470A**. In this manner, a distal end of the inter vivos tube **400** may expand to a wider opening than at the proximal end, as the distal end of balloons **470**, **470A** expand the distal ends of corresponding tongues **420**, **420A** faster than the proximal ends of tongues **420**, **420A**.

In one aspect of the invention, balloons **470**, **470A** may be constructed of a stretchable material wherein a thickness of the stretchable material is less at a distal end than a proximal end, resulting in a greater degree of elasticity at the distal end than at a proximal end. In another aspect of the invention, the coefficient of elasticity of the material of balloons **470**, **470A** may be varied from the distal end to the proximal end to allow greater stretchability at the distal end than the proximal end.

FIGS. 8A-8B illustrate cross sectional views of a distal end and proximal end, respectively, of an inter vivos tube in accordance with another aspect of the invention. In this illustrative example, the width of rib **431** at the distal end (FIG. 8A) is wider than the width of rib **431** at the proximal end (FIG. 8B).

In this illustrative aspect of the invention, balloons **470**, **470A**, are offset within H-shaped member **401** such that as a fluid (air, water, gas) is injected into balloons **470**, **470A**, through tubes **642**, **642A**, respectively, a distal end of inter vivos tube **400** has a wider opening than a proximal end of inter vivos tube **400**. The greater width of the vivos tube **400** at the distal end being caused by the wedge shape design of rib **431**.

As an illustrative example, an inter vivos tube **400** having a width rib **431** of the proximal end of 3.5 mm and a width of rib **431** at the distal end being 6.5 mm, then the expansion of balloons **470**, **470A** to a lateral diameter of 1.0 mm would create an expanded inter vivos tube **400**, in accordance with the principles of the invention, with a distal end of 8.5 mm and a proximal end of 5.5 mm. As would be appreciated the outer and inner arched members **403**, **403A** are sized to prevent tongues **420**, **420A** from exiting cavities **438**, **438A**, as previously discussed. Alternatively, the balloons **470**, **470A** may be sized to have a maximum expansion that limits the expansion of tongues **420**, **420A**.

In accordance with this aspect of the invention, the expansion of the inter vivos tube about the vocal cord area, which is the smallest area in the trachea, is smaller than the expansion of the inter vivos tube **400** in the trachea, itself. Hence, there is less trauma experienced on the trachea, as the expansion of the inter vivos tube **400** engages the non-capillary vocal cord area prior to engaging the trachea.

In addition, the larger expansion of the distal end of the inter vivos tube **400** maintains a steady flow of gas through a larger opening (at least 5.5 mm in the example above).

Although the exemplary inter vivos tube shown **400** above has been described with a particular configuration, it would be appreciated that the size of the distal and proximal ends of

11

the rib **431** and the expansion capability of balloons **470**, **470A** may be altered without altering the scope of the invention.

Returning to FIG. 4, in another aspect of the invention, the H-shaped member **401** may be structured such that the inner circumference member **403A** is thinner than the outer circumference member **403**. In this aspect of the invention, the inner circumference member **403A** has a reduced profile within inter vivos tube **400**, thus, increasing the effective area for the flow of gas through inter vivos tube **400**.

FIG. 9 illustrates another aspect of the inter vivos tube **400** in accordance with the principles of the present invention. FIG. 9 illustrates a retaining pin **940** extending from an end **434** of outer arched member and slightly decreasing the opening of cavity **438**. A similar retaining pin **940** is shown slightly decreasing the opening of cavity **439**. Also illustrated is a plurality of serrations **920** impressed on tongues **420**, **420A**. Retaining pins **940** engage one of the plurality of serrations **920** on corresponding tongues **420**, **420A** as tongues **420**, **420A** are displaced from cavities **438**, **439**, respectively, by the expansion of balloons **470**, **470A**.

Retaining pins **940** prevent tongues **420**, **420A** from retracting back into cavities **438**, **439** after tongues **420**, **420A** have been expanded (or displaced from cavities **438**, **439**).

In one aspect of the invention, retaining pins **940** may be incorporated only along a portion of the H-shaped member **401**, to limit only a portion of tongues **420**, **420A** from retracting into cavities **438**, **439**. For example, retaining pins **940** may be positioned along a portion of inter vivos tube **400** extending from the proximal end of inter vivos tube **400**. In this case, the proximal end of inter-vivos tube is non-retractable while the distal end of inter vivos tube **400** is retractable as balloons **470**, **470A** are deflated. FIG. 9, may, for example, illustrate a portion of the inter vivos tube **400** near the proximal end. While balloons **470**, **470A** extend substantially from the proximal end of inter vivos tube **400** to the distal end of inter vivos tube **400**, the retaining pin **940** may extend a limited distance from the proximal end of inter vivos tube **400**.

FIGS. 10A-10C illustrate an exemplary embodiment of balloon **470** in different degrees of inflation. FIG. 10A illustrates an example of balloon **470** in cavity **438** in a deflated state, wherein tongue **420** (not shown) is in a retracted state. Although not shown it would be appreciated that balloon **470A** in cavity **439** would have a similar configuration and operation as discussed, herein, with regard to FIGS. 10A-10C.

In this illustrative aspect, tube **642**, extended through ingress port **510**, is shown integrated into a proximal end of balloon **470**. Ingress port **510** is substantially close to a proximal end of inter vivos tube **400**. As would be appreciated, the ingress port **510** is positioned such that a connector may be attached to the proximal end of inter vivos tube **400**. See for example, FIG. 3 or 11, wherein tube **330** is connected to a proximal end of the inter vivos tube to allow a gas to pass through the inter vivos tube **100** (FIG. 3), **400** (FIG. 11). In one aspect of the invention, the connector may be an accordion type connector (see FIG. 13, ele. **1320**) that allows flexibility in the attachment, and position of tube **330**, onto connector **140** on the proximal end **150** of inter vivos tube **400** (see FIG. 11).

FIG. 10B illustrates an example of balloon **470** in cavity **438** in a semi-inflated state. In this illustrative aspect, fluid (e.g., air) is provided through tube **642** and distributed throughout balloon **470**. Generally, balloon **470** may fill, and, thus, expand, from the point of entry of the fluid provided through tube **470**. Alternatively, as previously discussed, bal-

12

loon **470** may be composed of material having different degrees of elasticity and, thus, balloon **470** may expand beginning in the area when the degree of elasticity is greatest and as the pressure within balloon **470** increases, those areas having a lesser degree of elasticity begin to expand.

FIG. 10C illustrates an example of balloon **470** in cavity in an inflated state. In this illustrative aspect, balloon **470** is fully expanded such that tongue **420** (not shown) is displaced to an expanded state.

Although it has been shown that ingress port **510** (**510A**), and consequently tube **642** (**642A**), are positioned near a proximal end of inter vivos tube **400**, it would be appreciated that ingress port **510** (**510A**) may be positioned near a distal end of inter vivos tube **400**. In this alternative embodiment, tubes **642**, **642A** may extend along an outer surface of inter vivos tube **400** (or within the upper or lower arched segments **403**, **403A**). In a further alternative embodiment, ingress port **510**, **510A** may be incorporated into inner arch segment **403A** at the proximal end or the distal end. In this case, tube **642** (**642A**) may be extend through the lower arched segment **403A** of inter vivos tube **400**.

Further illustrated is plug **1010** incorporated into a distal end of the H-shaped member **401** and plug **1020** incorporated into a proximal end of the H-shaped member **401**. Plugs **1010** and **1020** limit the expansion of balloons **470**, **470A** in a lateral direction to displace tongues **420**, **420A** from cavities **438**, **439**, respectively. Although, plugs **1010** and **1020** are shown, it would be appreciated that the distal end and the proximal end of the H-shaped member may be sealed by a flap attached to each of the distal end and the proximal end (see, for example, FIG. 14, ele. **1420**). The flap may be heat sealed or adhesively applied to the distal end and the proximal end. In a further alternative embodiment, the outer circumference member and the inner circumference member may be joined at each of the distal end and the proximal end of the H-shape member **401** to expand balloon **470**, **470A** in a lateral direction.

FIG. 11 illustrates an exemplary application of the inter vivos tube **400** in accordance with the principles of the invention. In this illustrative application, similar to that shown in FIG. 3, inter vivos tube **400** is inserted, and positioned through, a patient's vocal cords, into the trachea. As shown syringe **320**, that is connected to connection member **170**, represents a means for providing fluid to balloons **470**, **470A** (not shown) in inter vivos tube **400**, so as to expand balloons **470**, **470A** (not shown) to seal air passage **310**. Also shown, and as previously described, tube **330** is connected to connection member **140** on a proximal end **150** of inter vivos tube **400** to allow a fluid (e.g., gas, air, liquid) to pass from the proximate end **150** of the inserted inter vivos tube **400** to a distal end **130** of the inserted inter vivos (endotracheal) tube **400**.

In one aspect of the invention, inter vivos tube **400** expands to engage vocal cords **1110**, which represents a smallest opening within the tracheal passageway. The distal end of inter vivos tube **400**, extending past the vocal cords **1110**, further expands, at least to the size of the opening of the vocal cords (or larger). However, while the expanded distal end of inter vivos tube **400** may expand to a larger size, the expanded distal end **130** of inter vivos tube **400** may or may not engage or contact the walls of the trachea. When the expanded inter vivos tube **400** fails to contact the walls of the trachea, but the air passage is sealed at the vocal cords **1110**, less trauma is experienced by the user.

FIG. 12 illustrates a perspective view of second embodiment of the inter vivos tube **400** in accordance with the principles of the invention.

13

In this illustrated embodiment, an H-shaped member **401** extends longitudinally along a longitudinal axis of inter vivos tube **400**, as previously described. Similarly, H-shaped member includes an outer (upper) arched segment **403** and an inner (lower) arched segment **403A** separated by rib **431**, which is positioned substantially medially between the outer arched segment **403** and the inner arched segment **403A**, as previously described. Also shown, are free ends **402**, **402A** of tube **400**, including tongues **420**, **420A**, respectively. Tongues **420**, **420A** are retained, generally, in corresponding cavities **438**, **439**, formed by the outer arched segment **403**, the inner arched segment **403A** and rib **431**, as previously described.

In this exemplary embodiment of the invention, balloons **470**, **470A** are attached to corresponding ones of free ends **420**, **420A**. Balloons **470**, **470A** include corresponding connection leads **642**, **642A** into which a fluid (e.g., air, liquid) may be injected into balloons **470**, **470A**. The connection leads **642**, **642A** may extend through injection or ingress ports **510**, **510A** as previously described.

As previously described, a distal end **130** and a proximal end **150** of the H-shaped member **401** of inter vivos tube **400** may be sealed to prevent balloons **470**, **470A** from expanding longitudinally. Sealing distal end **130** and proximal end **150** of H-shaped member forces expanding balloons **470**, **470A** to expand in a lateral direction and, thus, applying a force between rib **431** and tongue **420** (**420A**) in displace tongue **420** (**420A**) from cavity **438** (**439**).

FIG. 13 illustrates an exemplary embodiment of an inter vivos tube **400** in accordance with the principles of the invention.

In this illustrative embodiment, distal end **130** is shown in an expanded view, wherein plugs **1010** are incorporated into the distal end to retain balloons **470**, **470A** (not shown) as previously disclosed. In addition, accordion type connector **1320** is shown attached to proximal end **150** to which tube **330** (see FIG. 11) may be subsequently attached.

FIG. 14 illustrates an exemplary embodiment of an inter vivos tube **400** in accordance with the principles of the invention.

In this illustrative embodiment, distal end **130** and proximal end **150** are shown sealed by flaps **1420** to retain balloons **470**, **470A** (not shown) as previously discussed.

A method of manufacturing the inter vivos tube **400** may, for example, represent the formation of H-shaped member **401** by an extrusion process to form rib **431**, and inner and outer arched segments **403A**, **403**, respectively. Balloons **470**, **470A** may be inserted through ingress ports **510**, **510A**. For example, balloons **470**, **470A** may be threaded into corresponding cavities **470**, **470A** through a needle insertion. After balloons **470**, **470A** are threaded into cavities **438**, **439**, respectively, air tubes **642**, **642A**, which are attached to a proximal end of corresponding balloons **470**, **470A**, exit through ingress ports **510**, **510A**, respectively.

Although the invention has been described with regard to preferred embodiments of the invention claimed, it is expressly intended that all combinations of those elements that perform substantially the same function in substantially the same way to achieve the same results are within the scope of the invention. Substitutions of elements from one described embodiment to another are also fully intended and contemplated.

The terms “a” or “an” as used herein are to describe elements and components of the invention. This is done merely for convenience and to give a general sense of the invention. The description herein should be read to include one or at least one and the singular also includes the plural unless indicated to the contrary.

14

The term “comprises”, “comprising”, “includes”, “including”, “as”, “having”, or any other variation thereof, are intended to cover non-exclusive inclusions. For example, a process, method, article or apparatus that comprises a list of elements is not necessarily limited to only those elements but may include other elements not expressly listed or inherent to such process, method, article, or apparatus. In addition, unless expressly stated to the contrary, the term “or” refers to an inclusive “or” and not to an exclusive “or”. For example, a condition A or B is satisfied by any one of the following: A is true (or present) and B is false (or not present); A is false (or not present) and B is true (or present); and both A and B are true (or present).

What is claimed is:

1. An expandable inter vivos tube comprising:

a flexible member extending longitudinally substantially along an edge of said inter vivos tube, said flexible member comprising:

an outer circumference member;  
an inner circumference member; and

a rib element connecting said outer circumference member and said inner circumference member at substantially a midpoint of said outer circumference member and said inner circumference member, said outer circumference member, said inner circumference member and said rib member forming a first cavity and a second cavity, respectively,

a balloon, extending longitudinally in each of said first cavity and said second cavity, said balloon including a tube extending through a corresponding injection port in said flexible member; and

a flexible longitudinal tube member having a first free end and a second free end, said first free end and second free end slidably engaging said balloon member in a corresponding one of said first cavity and said second cavity.

2. The inter vivos tube of claim 1, further comprising:

sealing means associated with each of a distal end of said flexible member and a proximal end of said flexible member.

3. The inter vivos tube of claim 1, wherein said first free end and said second free end are tapered.

4. The inter vivos tube of claim 1, wherein said balloon comprising a material having an expansion capability greater at a distal end of said balloon than at a proximal end of said balloon.

5. The inter vivos tube of claim 1, wherein said rib has a greater width at a distal end of said flexible member than at a proximal end of said flexible member.

6. The inter vivos tube of claim 1, wherein said injection ports are at substantially one of: a distal end and a proximal end of said flexible member.

7. The inter vivos tube of claim 6, wherein said injection ports are in one of: said outer circumference member and said inner circumference member.

8. The inter vivos tube of claim 1, further comprising:

a plurality of serrations on each of said first free end and said second free end; and

a retaining pin positioned on at least a portion of an edge of one of: the lower circumference member and the outer circumference member, said retaining pin positioned opposite said plurality of serrations.

9. The inter vivos tube of claim 1, further comprising an optical channel in said flexible member.

10. The inter vivos tube of claim 1, wherein said inner circumference member is thinner than said outer circumference member.



## 15

- 11.** An inter vivos tube comprising:  
 an H-shaped member extending longitudinally along said  
 inter vivos tube, said H-shaped member comprising:  
 an upper arched segment,  
 a lower arched segment, and  
 a rib joining said upper arched segment and said lower  
 arched segment forming a first cavity and a second cav-  
 ity between said lower arched segment and said upper  
 arched segment;  
 a first inflatable balloon in said first cavity, said first inflat-  
 able balloon having integrated therein a first hollow tube  
 connector, where a second end of said first hollow tube  
 connector extends through one of: said upper arched  
 segment and said lower arched segment,  
 a second inflatable balloon in said second cavity, said sec-  
 ond inflatable balloon having integrated thereon a sec-  
 ond hollow tube connector, wherein a second end of said  
 second hollow tube connector extends through one of:  
 said upper arched segment and said lower arched seg-  
 ment;  
 and a tube member having a first free end and a second free  
 end, said first free end slidably engaging said first cavity  
 and said second free end slidably engaging said second  
 cavity.
- 12.** The inter vivos tube of claim 11, wherein said first  
 inflatable balloon is attached to said first free end and said  
 second inflatable balloon is attached to said second free end.
- 13.** The inter vivos tube of claim 11, further comprising:  
 sealing means at each of a distal end and a proximal end of  
 said first cavity and said second cavity.

## 16

- 14.** The inter vivos tube of claim 11, said H-shaped member  
 comprising:  
 a first ingress port and a second ingress port positioned on  
 opposite sides of said rib, said second end of said first  
 hollow connector passing through said first ingress port  
 and said second end of said second hollow connector  
 passing through said second ingress port.
- 15.** The inter vivos tube of claim 11, wherein said first  
 ingress port and said second ingress port are positioned at  
 substantially a proximal end of said upper arched segment.
- 16.** The inter vivos tube of claim 11, wherein said rib is  
 wider at a distal end of said H-shaped member than at a  
 proximal end of said H-shaped member.
- 17.** The inter vivos tube of claim 11, wherein said lower  
 arched segment is thinner than said upper arched segment.
- 18.** The inter vivos tube of claim 11, further comprising:  
 a Y-connector attached to said second end of each of said  
 first hollow tube connector and said second hollow tube  
 connector.
- 19.** The inter vivos tube of claim 11, wherein said first  
 flexible balloon and said second flexible balloon are each  
 composed of a material having a greater flexibility at one of:  
 a distal end and a proximal end than at the other of the distal  
 end and the proximal end.
- 20.** The inter vivos tube of claim 11, further comprising:  
 an connector attached to said proximal end of said inter  
 vivos tube.

\* \* \* \* \*